Response rates for all modes of survey administration have been declining in recent years and web-based surveys tend to have lower response rates than other administration modes. Past research has shown that the design and presentation of survey communications can affect survey response rates (De Leeuw et al., 2007; Dillman, Smyth, and Christian, 2009). However, much of this work has focused on mailed prenotifications and invitations; less research has focused on design decisions in email communications and their impact on response rates to web surveys. In this paper we test the impact of two features of survey communications on survey participation and response rates – email length and placement of the web survey URL within the email.

This works builds on a past study, Falcone et al. (2012), which tested email invitation length and the location of the survey consent button on the landing page. That study found no difference in survey participation by email length or location of the survey consent button that initiates the web survey either at the top or bottom of the landing page; however, among those who viewed the landing page, those sent a long survey invitation with the survey consent button at the top of the landing page had the highest survey completion rate among the four conditions.

Survey Communication Length
Advice and preliminary research on email communication design for web surveys has been mixed. Guidance on length of email communications typically supports keeping survey communication emails short and to the point (Dillman, Smyth, and Christian, 2009). However, Kaplowitz et al. (2013) found that faculty and staff sent longer invitations had higher response rates than those sent shorter invitations, with no difference in response rates by invitation length among students. In addition, the results of the prior study by Falcone et al. (2012) suggest little impact of email length on survey initiation and associate longer emails with higher rates of survey completion. With this evidence that shorter survey communications may not necessarily lead to higher response rates, we were curious about the impact of moving some of the necessary language that we typically include on the web survey landing page to the email communication in order to eliminate the need for a landing page, therefore decreasing the overall length of the web survey and potentially minimizing perceived respondent burden.

In conducting surveys sponsored by Federal agencies, the Office of Management and Budget (OMB) and the Protection of Human Subjects and Institutional Review Boards typically require specific disclosures to respondents prior to their participation in the study. The Office of Management and Budget’s Standards and Guidelines for Statistical Surveys requires that researchers notify respondents of a number of key pieces of information:

> “Agencies must ensure that each collection of information instrument clearly states the reasons the information is planned to be collected; the way such information is planned to be used to further the proper performance of the functions of the agency; whether responses to the collection of information are voluntary or mandatory (citing authority); the nature and extent of confidentiality to be provided, if any, citing authority; an estimate of the average respondent burden together with a request that the public direct to the agency any comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden; the OMB control number; and a statement that an agency may not conduct and a person is not required to respond to an information collection request unless it displays a currently valid OMB control number.”

In addition, the Protection of Human Subjects and Institutional Review Board require that voluntary consent language be conveyed to all respondents.

These OMB and voluntary consent statements are often included on the web survey landing page. Given the prior research which found no detrimental, or even positive, effects on response rates with longer email invitations, we were curious about the impact of moving the OMB statement and the voluntary consent language from the landing
page to the survey communications. Placing this information in the email communication would eliminate the need for a web survey landing page; as such respondents who received a longer communication could skip the landing page and immediately enter the survey when clicking on the link from the invitation. We hypothesized that skipping the landing page might diminish the impression of survey length and burden and result in more survey completes.

In addition, eliminating the landing page would result in individuals only having to decide once to begin the survey – they click on the link in their email and immediately begin completing the survey. Those presented with a landing page have two decision points; respondents first click on the link in their email and then have to click on a second link on the landing page to initiate the survey. We hypothesized that eliminating the landing page would result in higher rates of survey initiation and completion.

URL Location
Couper (2008) recommends placing the web survey URL near the top of communication to avoid the need for respondents to scroll to view the link and access the survey. However, a recent study by Kaplowitz and colleagues (2013) found that two of their three respondent groups (faculty and students, but not staff) were more likely to respond to the invitation with the link at the bottom. We noted that, in their test, they placed the link either immediately following the greeting before any introductory text or at the very bottom of the communication, below the signature. To further explore the impact of URL placement, we were curious about the impact of a link placement towards the top, after a very brief introduction of the purpose of the communication, the research aim, and the survey sponsor. Similarly, rather than placing the link at the very bottom of the email, we were curious about placing it toward the bottom after a longer introduction on the background, purpose of the survey, and reason for respondent selection.

Method
We conducted a two by two factorial experiment testing two elements of email survey communications – length and URL location. Respondents were randomly assigned to receive a short or long email with varying link location either toward the top or bottom of the email; Table 1 summarizes the experimental conditions. See Appendix A for examples of each of the four email invitations. Respondents received follow-up survey reminder emails consistent with their assigned condition; that is, each reminder had four versions consistent with the invitations.

<table>
<thead>
<tr>
<th>Table 1: Experimental Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Treatment</strong></td>
</tr>
<tr>
<td><strong>Length</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>URL Location</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

All of the additional content contained in the long emails, including the OMB and voluntary consent statements, was presented on the web survey landing page for those who received the short emails. As such, those sent long email invitations and reminders skipped the web survey landing page and went directly to the first survey question when clicking the survey link. The page displaying the first survey question, with instructions at the top for navigating the survey, was identical for those sent the long and short emails. Images of the landing page and first survey page are included in Appendix B.

Population and Sample
This experiment was conducted with the 2013 Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center (SAMHSA DTAC) Customer Satisfaction Survey. The survey was administered to a census of coordinators and providers of disaster behavioral health services who had either requested training or technical assistance from SAMHSA DTAC in the past 12 months or were subscribed to one of their e-communications. There were a total of 345 customers invited to complete the survey, with 86 assigned to the Bottom Long, Bottom Short, and Top Short conditions, and 87 assigned to the Top Long condition.

Those who had participated in the 2012 administration of the SAMHSA DTAC Customer Satisfaction Survey were not included in the 2013 administration.
The Web Survey
The web survey is administered annually, with minimal changes from year to year. Questions are about customers’ familiarity, experiences, and satisfaction with various aspects of SAMHSA DTAC and the services that they provide. The survey contained skip patterns such that respondents were only asked specific questions about the services or products that they indicated having used. The survey contained approximately 32 questions with 97 response equivalents; with the skip patterns, nearly all respondents were asked fewer questions with far fewer response equivalents.

Communications
Respondents were sent a pre-notification, an invitation, and four reminder emails. All contacts were via email. The pre-notification was consistent across all four experimental groups. The communication schedule was as follows:

<table>
<thead>
<tr>
<th>Communication</th>
<th>Date Sent</th>
<th>Day of the Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-notification</td>
<td>May 10, 2013</td>
<td>Friday</td>
</tr>
<tr>
<td>Invitation</td>
<td>May 14, 2013</td>
<td>Tuesday</td>
</tr>
<tr>
<td>Reminder 1</td>
<td>May 29, 2013</td>
<td>Wednesday</td>
</tr>
<tr>
<td>Reminder 2</td>
<td>June 10, 2013</td>
<td>Monday</td>
</tr>
<tr>
<td>Reminder 3</td>
<td>June 19, 2013</td>
<td>Wednesday</td>
</tr>
<tr>
<td>Reminder 4</td>
<td>June 27, 2013</td>
<td>Thursday</td>
</tr>
</tbody>
</table>

The last reminder email was sent on Thursday, June 27, 2013 and the survey closed on July 3, 2013. In total, the survey was in the field for seven weeks.

Results
We first looked at the number of customers who began the survey. Of the 345 invited to participate in the study, 91 customers or 26.4% began the survey. In looking at response rates, we see that a total of 64 completed the survey for an overall response rate of 18.6%.

Email Length
Though the difference was not statistically significant, as shown in Figure 1, a larger percentage of those who received the invitations with shorter text began taking the survey compared to those who received the longer email. Among those who received shorter email communications, 29.7% began taking the survey compared to 23.1% of those who received longer email communications.

Figure 1. Percent who Began Survey by Email Length
We found no statistically significant difference in response rate by email length. As shown in Figure 2, among those who received shorter email communications, 20.9% completed the survey compared to 16.2% of those who received longer email communications, though the difference was not significant.

**Figure 2. Response Rates by Email Length**

![Bar Chart](image1)

**URL Location**
We also found no statistically significant differences by URL location. As shown in Figure 3, among those who received email communications with the survey link toward the top, 29.5% began taking the survey compared to 23.3% of those who received email communications with the link toward the bottom. Though again the difference was not significant.

**Figure 3. Percent who Began Survey by Link Location**

![Bar Chart](image2)

Figure 4 presents response rates by URL location. Again, this difference was not statistically significant.
All Conditions
Across all four conditions, we hypothesized that those sent the long email might be more likely to begin the survey because they only had to agree to participate once. We found no significant difference in survey initiation rate across the four groups. Furthermore, the direction of the results did not support our initial hypothesis as those who received the long email with the link at the bottom were the least likely to begin the survey.

We also hypothesized that those who received the long email would be more likely to complete the survey once initiated because they might have had a lower perception of burden after skipping the landing page. The results were not statistically significant, and as shown in Figure 6, the direction of the results did not support our hypothesis. There was a stronger relationship with URL location than email length. Among those who started the survey, those who received the email with the link at the bottom were more likely to complete the survey than those who received the email with the link at the top. In other words, there were fewer survey breakoffs in the group who received an email with the web survey URL at the bottom compared to those who received an email with the URL near the top.
However, the lower survey breakoff rate did not translate into higher response rates among those groups because fewer individuals began the survey in the first place. The groups with the highest response rates were those who received the short email. Those who received the short email that had the web survey URL toward the top of the email had the highest response rate among all four groups; however the difference was not statistically significant.

**Discussion**

Preliminary results show that the design of email communications can affect survey participation and response rates. A larger percentage of those who received the short email began and completed the survey, though this difference was not statistically significant. The direction of the difference failed to replicate prior research which supported the long email and did not support the strategy for including the OMB statement and voluntary consent language on the web survey landing page. Further research is needed to investigate the impact of survey length and the possibility of moving the OMB and consent language to the email communication and eliminating the survey landing page.

The direction of the findings on locating web survey URL at top of the email was consistent with our prior research. However, it was not consistent with the Kaplowitz et al. 2012 study. We recommend continuing to explore ideal web survey URL location.
There are a number of limitations to this study. Most importantly, the study was conducted on a survey with a small sample size. Differences in completion and response rates were not statistically significant, likely in part due to the small sample size. Although not statistically significant, the direction of our findings failed to replicate past research and confirmation of these findings by conducting an experiment on a study with a larger sample size is warranted. In addition, the population of professional customers is unique; results should be replicated with a study of the general population in order to better generalize the findings to research conducted on the general population.

In addition to replicating the study with a larger sample size, we also intend to look at the impact of boosting response rates on data quality. While higher response rates may translate into a more representative study, one of the consequences of increasing response rates may be attracting less serious respondents with less motivation to complete the study. Such respondents may be speedsters, or may be more likely to skip questions or select undifferentiated responses when completing a grid question. We intend to explore the relationship between higher response rates and data quality.
Appendix A. Email Invitations
Long Email, Web Survey URL Link at Bottom

You have been selected to participate in an important web-based survey on your experiences with the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC).

SAMHSA DTAC supports SAMHSA’s efforts to prepare states, territories, and local entities to deliver effective behavioral health (mental health and substance abuse) responses to disasters.

The purpose of this survey is to assess users’ satisfaction with SAMHSA DTAC to ensure high quality customer service and improve future services that SAMHSA DTAC may provide. This survey takes about 15 minutes to complete.

You have been asked to complete this survey because you have either requested technical assistance from SAMHSA DTAC in the past 12 months or you are subscribed to one of SAMHSA DTAC’s e-communications (The Bulletin or The Dialogue). The survey asks questions about your experiences and satisfaction with SAMHSA DTAC technical assistance, the SAMHSA DTAC website, and SAMHSA DTAC e-communications.

Participation in this survey is completely voluntary. You can decide whether or not to take the survey and which questions to answer if you decide to take the survey. If you choose to participate in the survey, any information you provide will be treated as confidential and all information collected will be reported only at an aggregate level.

To complete the survey, please click on the following link or copy and paste it into your web browser:


If you have any technical difficulties or questions about the survey, please call the survey helpline toll-free at 1-866-657-2798 or send an email to DTACSurvey@icfi.com.

For any questions about SAMHSA’s research on this topic, please contact Nikki Bellamy, Ph.D., SAMHSA DTAC Project Officer, by phone at 240-276-2418 or by email at nikki.bellamy@samhsa.hhs.gov.

OMB No. 0930-0325
Expiration Date: 06/30/14
Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average .25 hours per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857
You have been selected to participate in an important web-based survey on your experiences with the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC).

Please read the information below. To complete the survey, please click on the following link or copy and paste it into your web browser:

https://spss.icfsurveys.com/mrIWeb/mrIWeb.dll/?I.Project=SAMHSACSS&ID=100004TL

SAMHSA DTAC supports SAMHSA’s efforts to prepare states, territories, and local entities to deliver effective behavioral health (mental health and substance abuse) responses to disasters.

The purpose of this survey is to assess users’ satisfaction with SAMHSA DTAC to ensure high quality customer service and improve future services that SAMHSA DTAC may provide. This survey takes about 15 minutes to complete.

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Participation in this survey is completely voluntary. You can decide whether or not to take the survey and which questions to answer if you decide to take the survey. If you choose to participate in the survey, any information you provide will be treated as confidential and all information collected will be reported only at an aggregate level.

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Short Email, Web Survey URL Link at Bottom

You have been selected to participate in an important web-based survey on your experiences with the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC). SAMHSA DTAC wants to hear your thoughts about their services so that they can ensure they provide you with high quality customer service and improve their services in the future.

We’re inviting you to participate in this SAMHSADTAC customer satisfaction survey because you have either requested technical assistance from SAMHSA DTAC in the past or you are subscribed to one of SAMHSA DTAC’s e-communications (the Bulletin or The Dialogue). This survey takes about 15 minutes to complete.

To complete the survey, please click on the following link or copy and paste it into your web browser:

https://spss.icfsurveys.com/mrIWeb/mrIWeb.dll?Project=SAMHSACSS&ID=100005BS

If you have any technical difficulties or questions about the web survey, please call the survey helpline toll-free at 1-866-657-2798 or send an email to DTACSurvey@icfi.com.

For any questions about SAMHSA’s research on this topic, please contact Nikki Bellamy, Ph.D., SAMHSA DTAC Project Officer, by phone at 240-276-2418 or by email at nikki.bellamy@samhsa.hhs.gov.

Please complete this important survey today!

Thank you,
SAMHSA DTAC
You have been selected to participate in an important web-based survey on your experiences with the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC). To complete the survey, please click on the following link or copy and paste it into your web browser:


SAMHSA DTAC wants to hear your thoughts about their services so that they can ensure they provide you with high quality customer service and improve their services in the future.

We're inviting you to participate in this SAMHSADTAC customer satisfaction survey because you have either requested technical assistance from SAMHSA DTAC in the past or you are subscribed to one of SAMHSA DTAC’s e-communications (the Bulletin or The Dialogue). This survey takes about 15 minutes to complete.

If you have any technical difficulties or questions about the web survey, please call the survey helpline toll-free at 1-866-657-2798 or send an email to DTACSurvey@icfi.com.

For any questions about SAMHSA’s research on this topic, please contact Nikki Bellamy, Ph.D., SAMHSA DTAC Project Officer, by phone at 240-276-2418 or by email at nikki.bellamy@samhsa.hhs.gov.

Please complete this important survey today!

Thank you,
SAMHSA DTAC
Appendix B. Web Survey Landing Page and First Survey Question

Landing Page

SAMHSA DTAC CUSTOMER SATISFACTION SURVEY

Please read the information below. If you are willing to take this short survey, please click on the “I Agree” button below in order to begin the survey.

I Agree

SAMHSA DTAC was established by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Federal Government. SAMHSA DTAC supports SAMHSA’s efforts to prepare states, territories, and local entities to deliver effective behavioral health (mental health and substance abuse) responses to disasters.

The purpose of this survey is to assess users’ level of satisfaction with SAMHSA DTAC in order to ensure quality customer service and improve future services SAMHSA DTAC provides. The SAMHSA DTAC research team is conducting this survey for use by SAMHSA DTAC to improve its services.

You have been asked to complete this survey because you have either requested technical assistance from SAMHSA DTAC in the past or you are subscribed to one of SAMHSA DTAC’s e-communications (e.g., The Bulletin, The Dialogue). The survey asks questions about your experiences and satisfaction with DTAC technical assistance, the DTAC website, and DTAC e-communications.

Participation in this survey is completely voluntary. You can decide whether or not to take the survey and which questions to answer if you decide to take the survey. If you choose to participate in the survey, any information you provide will be treated as confidential and all information collected will be reported only at an aggregate level.

If you have any technical difficulties or questions about the survey, please call the survey helpline toll-free at 1-866-657-2796 or send an email to DTAC@icfsurveys.com.

For any questions about SAMHSA’s research on this topic, please contact Nikki Bellamy, Ph.D., SAMHSA DTAC Project Officer, by phone at 240-276-2418 or by email at nikki.bellamy@samhsa.hhs.gov.

OMB No. 0930-0325X

Expiration Date: 06/30/14

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0325. Public reporting burden for this collection of information is estimated to average 25 hours per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1244, Rockville, Maryland, 20857.
First Survey Question

Thank you for taking the time to share your experiences with the Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center.

You may navigate backwards and forwards through the survey questions using the buttons near the bottom of the screen (please do not use the forward and backwards buttons in your Internet browser). If you have any questions as you're completing this survey, please call the survey helpline toll-free at 1-866-657-2798 or send an email to DTAC@icfsurveys.com.

Before taking this survey, were you aware that SAMHSA DTAC has...

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answers to questions regarding disaster behavioral health preparedness and response issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guidance on disaster behavioral health funding mechanisms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistance finding mental health and substance abuse peers and experts in the disaster behavioral health field</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAMHSA DTAC resource collections (a library of over 1,500 tip sheets, publications, studies, and articles created by Federal agencies, grantees, nongovernmental organizations, and academia)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Onsite consultation</td>
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<td></td>
</tr>
<tr>
<td>The SAMHSA Disaster Behavioral Health Information Series (DBHIS) contains installments and toolkits pertinent to disaster behavioral health, and targets specific populations, specific types of disaster, and other topics related to all-hazards disaster behavioral health preparedness and response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The SAMHSA DTAC Web site</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Percentage Complete: [ ] 4%

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References:


